

## Application Data Sheet

### **Application Information**

Application number:: TBD  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Delivery System for Pharmaceutical Agents  
Attorney Docket Number:: 011382.00001  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: YES  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland

Status:: Full Capacity  
Given Name:: Denis  
Middle Name::  
Family Name:: BRON  
Name Suffix::  
City of Residence:: Oberlinsbach  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of mailing address:: Mühlefeld 12  
City of mailing address:: Oberlinsbach  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-5016

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	02 014 991.0	07/10/2002	Yes

PCT	PCT/CH2003/000453	07/08/2003	Yes

### **Assignee Information**

**Assignee name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing  
address::**